

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 375-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
OCT 31 2016  
Bayfield Co. Zoning Dept.

Permit #: 116-0408  
Date: 11-8-16  
Amount Paid: \$100 11-1-16  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: EARL GRE COINE	Mailing Address: P.O. Box 39	City/State/Zip: IRON RIVER, WI 54847	Telephone: 715-795-2318
Address of Property: 8 mile Lake Rd		City/State/Zip:	Cell Phone:
Contractor: <del>SEAN</del> SELF	Contractor Phone: 708-300-1100	Plumber: WSI	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: SE 1/4, SW 1/4		PIN: (23 digits) 04-004-2-46--04-35-3 04-000-40000	Recorded Document: (i.e. Property Ownership) Volume 1108 Page(s) 159
Section 35, Township 46 N, Range 9 W		Town of: BARNES	Lot Size 3301 Frontage 2046

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 95 feet		

Value at Time of Completion * include donated time & material \$ 900.00	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well	

Existing Structure: (if permit being applied for is relevant to it)	Length: 38	Width: 3	Height:
Proposed Construction:			

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)			
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )		
		with Loft	( X )		
		with a Porch	( X )		
		with (2 <sup>nd</sup> ) Deck	( X )		
		with Attached Garage	( X )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )		
		Mobile Home (manufactured date)	( X )		
		Addition/Alteration (specify)	( X )		
		Accessory Building (specify)	( X )		
		Accessory Building Addition/Alteration (specify)	( X )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Special Use: (explain)	( X )		
		Conditional Use: (explain)	( X )		
		Other: (explain) STAIRWAY ON STEEP SLOPE TO LAKE	( 38 X 3 )	114	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Earl Grecoine  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: Oct 31, 2016  
Address to send permit: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Date: \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (received)  
OCT 31 2016  
Bayfield Co. Zoning Dept.  
ENTERED

Permit #: 16-0409  
Date: 11-8-16  
Amount Paid: \$100 11-1-16  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>EARL GREGOIRE</u>	Mailing Address: <u>P.O. Box 39</u>	City/State/Zip: <u>IRON RIVER WI, 54847</u>	Telephone: <u>715-795-2318</u>
Address of Property: <u>8 Mile Lake Road</u>		City/State/Zip: <u>Barnev. WI</u>	Cell Phone:
Contractor: <u><del>SEL F</del></u>	Contractor Phone: <u><del>715-399-1449</del></u>	Plumber: <u>—</u>	Plumber Phone: <u>—</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>—</u>		Agent Phone: <u>—</u>	Agent Mailing Address (include City/State/Zip): <u>—</u>
PROJECT LOCATION: <u>E2 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>—</u>	PIN: (23 digits) <u>04-004-2-46-09-35-3 04000-20000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1108</u> Page(s) <u>158</u>
<u>E2 1/4, SW 1/4</u>	Gov't Lot <u>2</u>	Lot(s) <u>1108</u>	Vol & Page <u>7 p 83</u>
Section <u>35</u> , Township <u>3546 N</u> , Range <u>9</u> W	Town of: <u>BARNEVS</u>		Lot Size <u>1661 x</u> Acreage <u>APPRX 3</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u>—</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>	Distance Structure is from Shoreline: <u>87</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 96000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>—</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>—</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>—</u>	<input type="checkbox"/> —
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<u>—</u>	<u>—</u>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> —	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<u>—</u>	<u>—</u>
<input type="checkbox"/> —	<input type="checkbox"/> Foundation	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Compost Toilet	<u>—</u>	<u>—</u>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>20'</u>	Width: <u>3'</u>	Height: <u>—</u>
Proposed Construction:	Length: <u>20'</u>	Width: <u>3'</u>	Height: <u>—</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>—</u> )	( <u>—</u> )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>—</u> )	( <u>—</u> )
	with Loft	( <u>—</u> )	( <u>—</u> )
	with a Porch	( <u>—</u> )	( <u>—</u> )
	with (2 <sup>nd</sup> ) Porch	( <u>—</u> )	( <u>—</u> )
	with a Deck	( <u>—</u> )	( <u>—</u> )
	with (2 <sup>nd</sup> ) Deck	( <u>—</u> )	( <u>—</u> )
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u>—</u> )	( <u>—</u> )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>—</u> )	( <u>—</u> )
	Mobile Home (manufactured date) <u>—</u>	( <u>—</u> )	( <u>—</u> )
	Addition/Alteration (specify) <u>—</u>	( <u>—</u> )	( <u>—</u> )
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>—</u>	( <u>—</u> )	( <u>—</u> )
	Accessory Building Addition/Alteration (specify) <u>—</u>	( <u>—</u> )	( <u>—</u> )
	Special Use: (explain) <u>—</u>	( <u>—</u> )	( <u>—</u> )
	Conditional Use: (explain) <u>—</u>	( <u>—</u> )	( <u>—</u> )
	Other: (explain) <u>STAIRWAY ON STEEP SLOPE TO LAKE</u>	( <u>3</u> )	( <u>20</u> )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Earl Gregoire  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: — Date OCT 31, 2016  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 39, Iron River, WI 54847

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

MR MARK  
LEONARD

- Top of Stairway

**Changes in plans must be approved by the Planning & Zoning Dept..**

**Changes in plans must be approved by the Planning & Zoning Dept.**

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the property. The boundary line must be visible from the property, or the structure previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

© October 2013



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Required)  
**RECEIVED**  
SEP 20 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0112  
Date: 11-9-16  
Amount Paid: \$3009.2116  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER										
Owner's Name: <u>Ronald K Undersdale et al</u>			Mailing Address: <u>800 E 8th</u>			City/State/Zip: <u>Superior, WI 54880</u>			Telephone: <u>753994</u>	
Address of Property: <u>49435 East Shore Rd</u>			City/State/Zip: <u>Barnes, WI 54873</u>			Cell Phone:			Plumber Phone:	
Contractor:			Contractor Phone:			Plumber:			Plumber Phone:	
Authorized Agent: (person signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN (23 digits) 04- <u>004-2-44-07-18-4</u> <u>05-004-18-400</u>		Recorded Document (i.e. Property Ownership) Volume <u>1079</u> Page(s) <u>268</u>				
<u>1/4, 1/4</u>		Gov't Lot <u>4</u> Lot(s) CSM Vol & Page		Lot(s) No. Block(s) No.		Subdivision:		Lot Size		Acreage <u>760</u>
Section <u>17</u> , Township <u>44</u> N, Range <u>09</u> W		Town of: <u>Barnes</u>								

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or landward side of Floodplain? If yes—Continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—Continue →	Distance Structure is from Shoreline: <u>10</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$5,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>ST</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vented (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>							
<input checked="" type="checkbox"/> Boat Hoist	<input type="checkbox"/>	<input type="checkbox"/>	<u>Storage</u>		<input checked="" type="checkbox"/> Compost Toilet							

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>18</u>	Width: <u>12</u>	Height: <u>12</u>
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> with Loft	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> with a Porch	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Deck	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> with Attached Garage	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )		
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Boat Hoist</u>	( <u>18</u> X <u>12</u> )		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> Special Use: (explain) _____	( <u>  </u> X <u>  </u> )		
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )		
<input type="checkbox"/> Other: (explain) _____	( <u>  </u> X <u>  </u> )			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Ronald K Undersdale et al Date 8/14/16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 810 Northland Ave, Deluth, MN 55804  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	16' Feet
Setback from the Established Right-of-Way	1500+ Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	160 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	10' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1500+ Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>16-0412</u>	Permit Date: <u>11-9-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #:			
Granted by Variance (B.O.A.)	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:	Zoning District (R1)					
Date of Inspection: <u>16-11-16</u>	Inspected by: <u>g. D. D. D.</u>	Date of Re-Inspection:				
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Must Follow Best Horse Ordinance						
Must be Above BFE as indicated						
Signature of Inspector: <u>g. D. D. D.</u>		Date of Approval: <u>11-9-16</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

(5)  
(4)  
(3)  
(2)  
(1)

W01000

Quick Zoom: **Barksdale**



# Bayfield County Zoning

X: 656654.27 Y: 351448.73

Current Action: Move Map



Parcel Search

Table of Contents

MIDDLE EAU CLAIRE LAKE



MIDDLE EAU CLAIRE LAKE

100 m

400 ft

EAST SHORE RD

Current theme:  
Zoning